

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/807470**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		1		1		
5		2		2		
6		1		1		
7		1		1		
8		1		1		
9		2		2		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		2		2		
16		2		2		
17	1		1			
18		1		1		
19		1		1		
20	1		1			
21	1		1			
22		1		1		
23		1		1		
24		2		2		
25		1		1		
26		1		1		
27	1		1			
28	1		1			
29		2		2		
30	1		1			
31		1		1		
32	1		1			
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46						
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48						
49						
50						
TOTAL IND.	9		9			
TOTAL DEP.	36		34			
TOTAL CLAIMS	35		38			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS